

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/23/03.

I. DISPUTE

Whether reimbursement is recommended for CPT code 95851 for the dates of service 05/06/02 and 07/01/02. The carrier denied services as "F-The services listed under this procedure code are included in a more comprehensive code that more accurately describes the entire procedure(s) performed".

Whether additional reimbursement is recommended for CPT code 97110 for the dates of service 05/06/02-07/01/02 carrier denied services as "F-Submitted documentation does not support or meet the criteria for one-on-one therapy that is identified in the fee guideline ground rules and or CPT code descriptor for reimbursement".

Whether reimbursement is recommended for CPT code 95999-WP for the date of service 05/24/02, there is no denial listed on the EOBs for this CPT code for this date of service.

II. RATIONALE

Requestor billed \$36.00 for CPT code 95851 carrier made no payment and denied services global for dates of service 05/06/02 and 07/01/02. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is not allowed when performed on the same date as an office visit.

Therefore, reimbursement is not recommended.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the dates of service 05/06/02-07/01/02. There is no denial listed on the EOBs for CPT code 95999-WP for the date of service 05/24/02. Therefore, services will be reviewed per the MFG. Relevant information submitted supports services were delivered per the MFG and reimbursement is recommended in the amount of **\$384.00**.

III. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 95999-WP. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$384.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision and Order are hereby issued this 7th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb